

**ATTACHMENT C – NOTICE OF INTENT**

**NOTICE OF INTENT  
TO COMPLY WITH THE TERMS OF  
GENERAL BOARD ORDER NO. R7-2009-0300  
FOR DISCHARGES OF LOW THREAT WASTEWATERS TO SURFACE WATER**

To obtain coverage under this General Board Order, which also serves as a National Pollutant Discharge Elimination System (NPDES) Permit, the Discharger must submit a complete application, including the following requirements. Additional information may be requested by the Regional Water Board for specific sites / projects.

**I. REASON FOR FILING**

|  |  |  |
|--|--|--|
| New Discharge(s)<br><input type="checkbox"/> | NPDES Permit Reissuance or<br>amendments to existing NOI<br><input type="checkbox"/> | Change from Individual Permit to<br>General Permit<br><input type="checkbox"/> |
|--|--|--|

**II. EXISTING PERMITS/REQUIREMENTS (IF APPLICABLE)**

|  |       |       |
|--|-------|-------|
| List any active Board Orders or Permits adopted by this Regional Water Board for current discharge(s). |       |       |
| 1. Board Order No.   | _____ | _____ |
| 2. NPDES Permit(s)   | _____ | _____ |

**III. PROJECT / AGENCY NAME AND PROJECT / AGENCY SITE ADDRESS  
INFORMATION** *(If additional projects are involved, provide information in a supplemental letter.)*

|  |                           |                            |       |
|--|---------------------------|----------------------------|-------|
| Project/Agency Name                        |                           |                            |       |
| Project Site or Agency Address             |                           |                            |       |
| Mailing Address for Project Site or Agency |                           |                            |       |
| City                                       | State                     | Zip                        | Phone |
| Contact Person for Project or Agency       | Phone number for Contact  | Email for Contact          |       |
| For specific project provide the following |                           |                            |       |
| 1. Assessor's Parcel Numbers:<br>Facility: | 2. Latitude:<br>Facility: | 3. Longitude:<br>Facility: |       |

**IV. CONTRACTOR/OPERATOR** *(If the discharger is not a public agency and a contractor or operator is applying for permit, complete this section, if necessary provide additional information in a supplemental letter.)*

|                           |  |                |                                      |                |   |
|---------------------------|--|----------------|--------------------------------------|----------------|---|
| Name                      |  |                |                                      |                |   |
| Mailing Address           |  |                |                                      |                |   |
| City                      | State                                  | Zip            | License Number                       |                |   |
| Contact Person            | Contractor<br><input type="checkbox"/> |                | Operator<br><input type="checkbox"/> |                | Contractor/Operator<br><input type="checkbox"/> |
| Owner Type<br>(check one) | 1. Individual                          | 2. Corporation | 3. Government<br>Agency              | 4. Partnership | 5. Other  |

|   |   |   |   |   |
|---|---|---|---|---|
| □ | □ | □ | □ | □ |
|---|---|---|---|---|

**V. PROPERTY OWNER** *(For project specific discharges where property owner is different from applicant. If additional property owners are involved, provide information in a supplemental letter.)*

|                           |   |  |   |  |                                      |
|---------------------------|---|--|---|--|--------------------------------------|
| Name                      |   |  |   |  |                                      |
| Mailing Address           |   |  |   |  |                                      |
| City                      | State                                     | Zip  | License Number                                      |  |                                      |
| Contact Person            |   |  |   |  |                                      |
| Owner Type<br>(check one) | 1. Individual<br><input type="checkbox"/> | 2. Corporation<br><input type="checkbox"/> | 3. Government<br>Agency<br><input type="checkbox"/> | 4. Partnership<br><input type="checkbox"/> | 5. Other<br><input type="checkbox"/> |

**VI. ADDRESS WHERE LEGAL NOTICE MAY BE SERVED**

|                 |       |                          |       |
|-----------------|-------|--------------------------|-------|
| Name            |       |                          |       |
| Mailing Address |       |                          |       |
| City            | State | Zip                      | Phone |
| Contact Person  |       | Email for Contact Person |       |

**VII. BILLING ADDRESS** *(where annual fee invoices should be sent)*

|                 |       |                          |       |
|-----------------|-------|--------------------------|-------|
| Name            |       |                          |       |
| Mailing Address |       |                          |       |
| City            | State | Zip                      | Phone |
| Contact Person  |       | Email for Contact Person |       |

**VIII. PROJECT DESCRIPTION**

|   |  |
|---|--|
| <input type="checkbox"/> Provide a full description on official letterhead of the proposed project, BMP or Control Strategy Plan, and discharge(s). Include the proposed maximum daily discharge volume in gallons per day (gpd), the approximate start-up date for the project and discharge, and the projected discharge duration.<br><div style="display: flex; justify-content: space-between;"> <div> Start Date<br/> Discharge or Design Flow Rate (in gpd)<br/> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> <div> Estimated Stop Date<br/> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> </div> Is the discharge continuous or intermittent?<br><div style="border-bottom: 1px solid black; width: 100%;"></div> |  |
| Are additives in the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please specify the additive and/or sample results: <div style="border-bottom: 1px solid black; width: 100%;"></div>   |  |
| <input type="checkbox"/> Agencies having multiple discharges shall include in the project description estimates of the number, frequency, rate, and types of discharges expected to the receiving water(s). Locations shall be provided for continuous discharges greater than 24 hours.  |  |
| <input type="checkbox"/> Dischargers of wastewater from drainage of ornamental pools, golf course lakes, and impounded water, provide verification that pesticides, insecticides, biocides, and/or other chemicals that may have been applied to the wastewater are not present in the discharge (e.g., results of wastewater analyses or certification that chemicals have not been applied to the wastewater).  |  |

## IX. DISCHARGE LOCATION AND RECEIVING WATER INFORMATION

|                          |  |   |  |
|--------------------------|--|---|--|
| 1.                       | Name of Receiving Water(s):<br>_____   |   |  |
| 2.                       | Receiving Water is tributary to (name major <i>downstream</i> water body(ies)):<br>_____   |   |  |
| 3.                       | Receiving Water Designation<br>Recreation<br>( <i>check all that apply</i> )   | <input type="checkbox"/> Municipal and Domestic Supply<br><br><input type="checkbox"/> Non-Contact Water Recreation | <input type="checkbox"/> Water Contact |
| 4.                       | Discharge Point<br>Latitude (Deg, Min, Sec) _____ Longitude (Deg, Min, Sec) _____<br><br>Dischargers or Agencies having multiple discharges shall provide the latitude and longitude of known discharge locations in a supplemental letter for continuous discharges exceeding 24 hours.   |   |  |
| 5.                       | Identify and describe the proposed effluent (EFF-001), upstream receiving water (RSW-001), and downstream receiving water monitoring locations. If upstream and/or downstream receiving water monitoring cannot be conducted either because receiving water is not present or because the discharge is to a storm drain channel and does not contribute to a downstream receiving waterbody, indicate in the space below or in a supplemental letter.<br>_____<br>_____<br>_____ |   |  |
| <input type="checkbox"/> | Attach a map of at least 1:24000 (1"=2000') showing the discharge site (e.g., USGS 7.5' topographic map). The map should also show the treatment system, discharge point, and surface waters. Agencies having more than one discharge location may submit a service area map or regional map.  |   |  |
| <input type="checkbox"/> | Provide a copy of the letter of acceptance or permit from the agency (e.g., municipality, water district, or other special district) responsible for the discharge location to allow the discharge into their drainage system, if applicable.  |   |  |

## X. SAMPLING REQUIREMENTS

### **Analyses Required of All Dischargers**

- ☐ Provide the results of analysis of the proposed effluent for the priority pollutants listed in Table B-2 and Table B-3 of Attachment B. *(Required of all Dischargers. Dischargers of wastewater from water system-related activities may pursue any or all of the following three options to satisfy this requirement.)*
  - ☐ Complete section XIV of this NOI if applying for a categorical exception for meeting the priority pollutant criteria / objectives as authorized under section 5.3 of the SIP<sup>1</sup>. Dischargers granted a categorical exception are not required to perform wastewater sampling for the priority pollutants contained in Tables B-2 and B-3 of Attachment B. *(Optional for Dischargers of wastewater from water system-related activities.)*
  - ☐ Provide the summary results of monitoring for applicable parameters reported in the annual Consumer Confidence Report as required by Title 22, Division 4, Chapter 15, Article 20 of the California Code of Regulations to satisfy the sampling requirements contained in Tables B-2 and/or B-3 for applicable parameters. *(Optional for Dischargers of wastewater from water system-related activities.)*
  - ☐ Provide a copy of the waiver(s) for monitoring requirements granted by the California Department of Public Health, Division of Drinking Water and Environmental Management for the monitoring requirements contained in Title 22, Division 4, Chapter 15 of the California Code of Regulations. Dischargers granted a waiver may be exempt from the sampling requirements for the applicable parameter(s) contained in Tables B-2 and/or B-3 of Attachment B. *(Optional for Dischargers of wastewater from water system-related activities.)*
- ☐ Provide the results of analysis of the proposed effluent and the receiving water for conventional and non-conventional pollutants as specified in Table B-4 of Attachment B. *(Required of all Dischargers.)*

### **Analyses Required for Discharges from Water System-Related Activities and Other Low Threat Discharge Activities**

- ☐ Provide the results of analysis of the proposed effluent for total chlorine residual or a dechlorinating agent as specified in Table B-5 of Attachment B. *(Required only of Dischargers of wastewater from water system-related activities and other low threat discharge activities containing chlorine.)*

### **Analyses Required for Discharges of Hydrostatic Test Water**

- ☐ Provide the results of analysis of the proposed effluent as specified in Table B-6 of Attachment B.

### **Analyses Required for Discharges to Specific Waterbodies or Waterbodies with Specific Designated Uses**

- ☐ Provide the results of analysis of the proposed effluent for pollutants causing impairment under the current Clean Water Act section 303(d) list. The list of impaired surface water may be found at [http://www.swrcb.ca.gov/water\\_issues/programs/tmdl/303d\\_lists2006\\_epa.shtml](http://www.swrcb.ca.gov/water_issues/programs/tmdl/303d_lists2006_epa.shtml). *(Required of all Dischargers proposing to discharge to an impaired surface water)*
- ☐ Provide the results of analysis of the proposed effluent for E. coli as specified in Table B-8 of Attachment B. *(Required only of Dischargers to waterbodies designated as REC-I and segments of the Colorado River designated as REC-I)*
- ☐ Provide the results of analysis of the proposed effluent for E. coli as specified in Table B-9 of Attachment B. *(Required only of Dischargers to waterbodies designated as REC-II and segments of the Colorado River designated as REC-II)*
- ☐ Provide the results of analysis of the proposed effluent for E. coli, enterococci, fecal coliform organisms, and TSS as specified in Table B-10 of Attachment B. *(Required only of Dischargers to the New River)*
- ☐ Provide the analytical data from the laboratory or reports provided to regulatory agencies.

### **Were the screening levels for Tables B-4 through B-10 in Attachment B exceeded?**

☐ Yes ☐ No → If No, skip to section XII below.

If "yes," identify the parameters for which screening levels were exceeded:

<sup>1</sup> Policy for the Implementation of Toxics Standards for Inland Surface Waters, Enclosed Bays, and Estuaries of California (State Implementation Policy or SIP).

## XI. ABILITY TO COMPLY WITH EFFLUENT LIMITATIONS

- ☐ How will you comply with the effluent limitations in this General Board Order for the pollutants that exceeded the applicable screening levels in Tables B-4 through B-10 Attachment B? *[Please describe the best management practices (BMP) and/or control strategies you will employ to ensure compliance with proposed discharge(s)]*

## XII. BMP OR CONTROL STRATEGY PLAN

- ☐ Do you have a BMP or Control Strategy Plan in place for your proposed discharge(s)?  
☐ Yes ☐ No
- ☐ If yes, is the BMP Plan consistent with the general guidance contained in the USEPA *Guidance Manual for Developing Best Management Practices* (BMPs) (EPA 833-B-93-004)?  
☐ Yes ☐ No
- Check applicable item below.*
- ☐ If you exceeded a screening level in Attachment B for any parameter, you must submit a BMP or Control Strategy Plan with your completed NOI. The BMP Plan must be consistent with the general guidance contained in the USEPA *Guidance Manual for Developing Best Management Practices* (BMPs) (EPA 833-B-93-004).  
☐ **Check here if a BMP or Control Strategy Plan is included in the NOI package.**
- ☐ If you did not exceed a screening level in Attachment B for any parameter, you must develop and implement a BMP Plan and have it available for inspection by the Regional Water Board. The BMP Plan must be consistent with the general guidance contained in the USEPA *Guidance Manual for Developing Best Management Practices* (BMPs) (EPA 833-B-93-004).

## XIII. CATEGORICAL EXCEPTION FOR PRIORITY POLLUTANT CRITERIA / OBJECTIVES

- Is the discharge necessary to implement control measures regarding drinking water conducted to fulfill statutory requirements under the federal Safe Drinking Water Act or the California Health and Safety Code? ☐ Yes ☐ No → If No skip to section XIV below.
- If "yes," the Discharger shall submit the following for the approval of the Executive Officer:
- ☐ A detailed description of the proposed action, including the proposed method of completing the action;
  - ☐ A time schedule;
  - ☐ A discharge and receiving water quality monitoring plan (before project initiation, during the project, and after project completion, with the appropriate quality control procedures); include summary results of monitoring for applicable parameters reported in the annual Consumer Confidence Report as required by Title 22, Division 4, Chapter 15, Article 20 of the California Code of Regulations
  - ☐ California Environmental Quality Act (CEQA) documentation;
  - ☐ Contingency plans;
  - ☐ Identification of alternate water supply (if needed); and
  - ☐ Residual waste disposal plans.

#### XIV. EVALUATION OF RECLAMATION OPTIONS

To obtain coverage under this General Board Order, the Discharger is required to evaluate reclamation options.

- ☐ Provide proof that discharge to the local municipal wastewater treatment plant is not viable or explain why it is infeasible to connect to the wastewater treatment plant. The Discharger may submit any denial or restrictive flow letter from the wastewater treatment plant as proof that this is not a viable option.
- ☐ Provide an explanation why land disposal is not a viable option.
- ☐ Provide an explanation why underground injection is not a viable option.

#### XV. FEES

- ☐ Provide the current State Water Board adopted permit fee, plus applicable surcharge(s). The current fees for Category 3 discharges (i.e., those discharges that require minimal or no treatment systems to meet limits and pose no significant threat to water quality) is \$1,200. The applicable surcharge is 21%. Consult <http://www.waterboards.ca.gov/resources/fees> to verify current fees.

#### XVI. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

The Regional Water Board will be immediately notified of any violation, or threatened violation, of this General Board Permit.

Signature of Contractor/Operator/Responsible Party

Signature of Property Owner

Print or Type Name

Print or Type Name

Title

Date

Title

Date

#### XVII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

|  |
|--|
|  |
|  |
|  |

A representative of the Regional Water Board will notify you within 30 days of receipt of your Notice of Intent. The notice will state if your discharge meets the criteria for this General Board Order, whether the Notice of Intent is complete, or if additional information must be submitted to complete your application, pursuant to division 7, section 13260 of the California Water Code.

The completion date of your application is normally the date when all required information, including the correct fee, is received by the Regional Water Board.

#### FOR REGIONAL WATER BOARD OFFICE USE ONLY

Date NOI Received:

Letter to Discharger Sent:

Fee Amount Received:

Check #: